

# AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

[Date notice sent to all parties]: May 27, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

PT 3x Wk x 4Wks, Left Hand/Thumb 97110x(3-4) 97140x1

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This physician is Board Certified in Physical Medicine and Rehabilitation with over 18 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who injured her left hand/thumb on xx/xx/xx when she slipped twice on wet floor twisted right foot and then again landing on her left knee and left hand. She is diagnosed with left thumb ulnar collateral ligament injury and tenosynovitis. X-Rays of the left hand/wrist were unremarkable.

08-22-14: Physical Therapy Evaluation. CC: Claimant reported she slipped on wet floor causing her to fall. Radiating pain noted in L wrist 8/10, pulling pain noted in L wrist 8/10, and R ankle pain 8/10. Test and Measure: Tenderness noted to L wrist and L thumb with moderate decrease in ROM on all planes. ROM L wrist: moderate loss. Assessment: Claimant presented with s/s consistent with medical diagnosis. She has decreased ROM, pain and decreased strength due to contusions and strain of muscles along with possible tendonitis of abd policis brev and extensor policis long. Claimant is a good candidate for skilled PT and to return to 1 with essential functions. Functional deficits: walking, lying, lifting, and carrying. Job limitations: typing on computer, walking to retrieve charts and notes. Plan of Care: T/Wx 2 wks. Discharge Plan: 4 weeks, independent and

compliant w/ an HEP, independent w/ ADL's without medication, return to pre-injury status, and 100% achievement w/ current functional goals.

08-27-14: Physical Therapy Daily Note. Subjective: claimant reported she is unable to bend her thumb from pain and weakness. Assessment: Claimant having difficulties with self ADL's secondary to current impairments. Claimant was educated on the importance of moving joints to decrease pain. Increased tone of wrist flexor and extensors with STM, minimal AROM of left thumb. Plan: Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility and instruction in a progressive HEP.

08-28-14: Status Report: Follow-Up Evaluation. CC: left thumb pain 8/10 and left hand and wrist pain. Claimant stated that her thumb is very sore with decreased pain 6/10, numbness and tingling has decreased, grip strength decreased, swelling has decreased, bruising is reported decreased. X-Rays: left hand/wrist: Hand 3v, wrist 3v were negative for fractures or dislocation. DX: left open wound knee, leg [except thigh], and ankle, without mention of complication 891.00, left open wound of hand except finger(s) alone 882.00, left other tenosynovitis of hand and wrist 727.05, right sprain of ankle NEC – other sprains and strains of ankle 845.09, left int derangement knee NEC – other internal derangement of knee 717.89. Recommendations: continue PT, Naprosyn 500mg BID, continue wound care instructions, continue injury precautions, Motrin 800mg was dc'd.

08-28-14: Easy-Script. Continue Physical Therapy TIW (three times week) for 2 weeks; Goals: essential functions, body mechanics training, dynamic activities; Body parts: left hand, left wrist, left knee, right ankle.

09-12-14: Status Report: Follow-Up Evaluation. CC: Claimant reported continued pain in the left thumb, 10/10 with weak grip strength and the inability to move the thumb. She continued PT but admitted that she had refused due to some of the exercises due to pain. MRI was received and reviewed with no explanation for symptoms. PE: Hand/Wrist: Left: edema remained the same, bruising decreased, ROM flexion remained the same, extension full. MRI: unremarkable MR imaging of the left hand, given the hx of an open wound consider repeat exam with contrast if sym. DX: left open wound knee, leg [except thigh], and ankle, without mention of complication 891.00, left open wound of hand except finger(s) alone 882.00, left other tenosynovitis of hand and wrist 727.05, right sprain of ankle NEC – other sprains and strains of ankle 845.09, left int derangement knee NEC – other internal derangement of knee 717.89. Physician's Note: reason for continuing PT: to decrease pain and increase ROM. Recommendations: continue PT, continue splint, d/c ultracet (not effective), MRI on left hand with contrast.

11-25-14: Therapy Prescription. Begin Therapy: ASAP, to attend 3 visits per week for 4 weeks. Comments: 3 months ago the claimant sustained a work related injury to left hand resulting in a radial deviation of the left thumb which

required autoreduction. Exam notes tenderness on the thumb, stiffness secondary to immobilization, 2pd on the thumb is 7mm, CTS +. Will obtain a left thumb CMCJ brace today and start formal therapy for ROM exercises. Strengthen after 4 weeks.

01-20-15: Visit Summary. DX: finger injury NOS 959.5, sprain of wrist NOS 842.00. Treatment: PT ordered 3x week x 2wks. Work status: return to work 01/20/15 with the following restrictions: specific to L hand/wrist: lift/carry restrict: may not lift/carry obj more than 20 lbs for more than 8 hrs/day. Other: sent to phy th for strengthin of the L thumb tendon. Referred to ortho.

01-20-15: Hand/Wrist WC Established Patient. CC: L wrist weakness and tingling. Claimant c/o L thumb pain, she is wearing a splint. Claimant has ulnar collateral ligament failure and wearing splint. recently recommended PT and she was waiting for approval to change.

01-21-15: Rehabilitation Eval. DX: L5 thumb sprain, 842.12. Subjective: unable to make a good grip with L hand due to thumb pain. Current pain 6/10, worst 10/10, best 5/10. Pain is sharp, aching, throbbing; intermittent and constant moderate pain reported. Increased by pressure over the L thumb and gripping, pinching. Decreased by light use to L hand and avoiding pressure. Noted mild swelling to L thumb. Strength 40% L thumb. Additional Findings: dorsal tenderness and soreness aby principal phalnx of the L thumb, ulnar. Assessment: L thumb sprain with associated strength >60% - LNW and phalnyx +/- the CML-IP jt.

02-24-15: Therapy Prescription. Begin Therapy: ASAP, to attend 3 visits per week for 4 weeks. Anatomic Region: wrist, MP, PIP, DIP/IP, thumb CMC, thumb MP, intrinsic, flexors, extensors, using AROM, AAROM, PROM. Comments: Over 6 months ago claimant sustained a work related injury to left hand resulting in a left thumb UCL injury with no Stener lesion and treated in an orthopedic brace. Exam notes improved left thumb motion, UCL is stable, grip is weak and CTC and tinels is still + but sensation has normalized. Recommend to wean off the brace, advance therapy for strengthening and obtain an EMG/NCS to rule out Left CTS.

04-02-15: Follow-up Visit. Claimant did not have an EMG done. She is continuing therapy and notes she still does not have good strength. The claimant complained of the following symptoms and severity: left hand pain 5/10. She is currently working with restrictions. PE: Musculoskeletal: Grip on the left is 22 pounds, on the right is 65 pounds. Hand: Specific RON: Left thumb: M-45, M-0, D-75, D-0. Point tenderness: Ray Axis: left thumb +, Level: MP, Location: ulnar. Conclusions: DX: Left CTS 354.0 Nerve, Left MPJ 842.12, sprains and strains, Thumb. Plan: Over 7 months ago claimant sustained a work related injury to left hand resulting in a left thumb UCL injury with no Stener lesion and treated in an orthoplastic brace. She did not have EMG done. She is continuing therapy and notes she still does not have good strength. Exam notes improved left thumb motion in flexion at the MPJ and improved grip. CTC negative and

tinels negative today. She is improving and recommend now a left thumb MPJ injection to improve her pain and advance therapy for strengthening. Hold off on the EMG/NCS. FU in one week for the injection. Continue light duty. Outpatient therapy: new prescription given today. Work status: N/A No MMI.

04-09-15: Follow-up Visit. CC/HPI: Last visit a left thumb MPJ injection to improve her pain was recommended and approved. She is doing therapy 3/week and working full duty. The claimant complained of the following symptoms and severity: left hand. She is currently working with restricted capacity. The external immobilization helps the symptoms, oral medications helps the symptoms, therapy helps the symptoms. PE: Musculoskeletal: Grip on the left is 30 pounds, on the right is 51 pounds. Hand: Specific RON: Left thumb: M-45, M-50, D-0, D-75, D-0. Point tenderness: Ray Axis: left thumb +, Level: MP, Location: ulnar. Conclusions: DX: Left CTS 354.0 Nerve, Left MPJ 842.12, sprains and strains, Thumb. Plan: Exam is unchanged with limited MP flexion and tenderness on the ulnar side of the MPJ, the grip improved. A left thumb MPJ injection is given. Will renew therapy for strengthening and follow in 4 weeks. Continue strengthening and light duty.

04-16-15: Re-Eval. The two continuous injections to L thumb helped. Pain 3/10, strength WFL 70%, ROM WFL 80%, grip to 20lbs, pinch to 10 lbs. Assessment: pain reduction from two injections has helped in enabling treatment to exert neuro effort with increased grip and exertion. Plan of Care: strengthening exercises L hand/wrist, dynamic arvertion L hand.

04-23-15: UR. Reason for denial: The PT progress report dated 04/16/15 indicates that the claimant has significant reduction of pain in the left first dorsal compartment. Strength is increased by 70 present and ROM is increased by 80 percent. She completed 24 PT visits since 1/28/15. The provider's latest progress report stated therapy was renewed "for strengthening" but there was not an explanation why additional formal PT (vs. an independent exercise program, not specified in the treatment plan) is necessary for this purpose, particularly after the claimant has already been afforded significantly more (greater than double, and least) formal PT sessions than the maximums suggested by review guidelines to address an injury that occurred eight months ago. The requested number of sessions and their frequency & duration were not specified; nevertheless, no "exceptional" circumstances or other supportable rationale were delineated for 12 more/at least 36 total (at least four times guideline-suggested maximums) formal PT sessions at this juncture. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not certified. Indications for the requested services were not satisfactorily established.

04-30-15: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The claimant has exceeded the recommended number of physical therapy visits without documentation from the physician regarding why this is needed versus a home exercise program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Denial of an additional 12 PT visits is UPHELD/AGREED UPON since the request exceeds ODG recommended number of visits and timeframe for diagnosis, and clinically after a documented 24 PT visits over 9 months, there is plateau in gains in thumb range of motion and grip, documentation of full duty, and question regarding instruction in and compliance with home exercise program. Therefore, after review of the medical records and documentation provided, the request for PT 3x Wk x 4Wks, Left Hand/Thumb 97110x(3-4) 97140x1 is denied.

Per ODG:

<p>Physical/ Occupational therapy</p>	<p><i>ODG Physical/Occupational Therapy Guidelines –</i></p> <p>Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the <a href="#">ODG Preface</a>.</p> <p><b>Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):</b>          Medical treatment: 12 visits over 8 weeks          Post-surgical treatment: 14 visits over 12 weeks</p> <p><b>Synovitis and tenosynovitis (ICD9 727.0):</b>          Medical treatment: 9 visits over 8 weeks          Post-surgical treatment: 14 visits over 12 weeks</p> <p><b>Mallet finger (ICD9 736.1)</b>          16 visits over 8 weeks</p> <p><b>Contracture of palmar fascia (Dupuytren's) (ICD9 728.6):</b>          Post-surgical treatment: 12 visits over 8 weeks</p> <p><b>Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4):</b>          Post-surgical treatment: 18 visits over 6 weeks</p> <p><b>Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):</b>          Medical treatment: 14 visits over 6 weeks          Post-surgical treatment: 20 visits over 10 weeks</p> <p><b>Sprains and strains of wrist and hand (ICD9 842):</b>          9 visits over 8 weeks</p> <p><b>Sprains and strains of elbow and forearm (ICD9 841):</b>          Medical treatment: 9 visits over 8 weeks          Post-surgical treatment/ligament repair: 24 visits over 16 weeks</p> <p><b>Open wound of finger or hand (ICD9 883):</b>          9 visits over 8 weeks. See also <a href="#">Early mobilization</a> (for tendon injuries).          Post-surgical treatment/tendon repair: 24 visits over 16 weeks</p> <p><b>Pain in joint (ICD9 719.4):</b>          9 visits over 8 weeks</p> <p><b>Arthropathy, unspecified (ICD9 716.9):</b>          Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks</p>
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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**